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ABSTRACT

The Teenage Health Teaching Modules (THTM) program is a health education curriculum for adolescents. Each THTM module frames an adolescent health task emphasizing development of self-assessment, communication, decision making, health advocacy, and self-management. This module takes the position that students need to understand the value of and techniques for setting specific health-related goals, and gives them the opportunity to think about long-term health objectives. Class activities outline ways to lay the groundwork for planning sound health practices for the future. Included in this process is considering what they will be like in middle and later years. Students are encouraged to understand health-related problems in the later stages of life, and to speculate about their futures around the issues of families, jobs, life style, friends, recreation, and possible problems. The goal of the discussion sessions is to help students think about the future and plan ways for incorporating good health practices into their own lives. (JD)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

PRELIMINARY DRAFT
ADMINISTRATIVE REVIEW COPY

Public Health Service
Centers for Disease Control

Memorandum

Date October 1983

From Director, School Health and Special Projects
Division of Health Education
Center for Health Promotion and Education

Subject Teenage Health Teaching Module
PLANNING A HEALTHY FUTURE

To Colleagues in School Health and Health Promotion

The attached module, Planning A Healthy Future, is one of sixteen modules in the Teenage Health Teaching Modules (THTM) program. The overall goal of this health curriculum for adolescents is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being and that of the families, schools, and communities to which they belong.

The THTM program was produced under contract (CDC 200-79-0922) between the School and Society Programs of the Education Development Center, Inc., and the Center for Health Promotion and Education of the Centers for Disease Control.

Inquiries related to this module should be directed to this office. Write or call:

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This is one module in the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC) and funded by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

Official health and education agencies may also contact the School Health and Special Projects Office, Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA 30333, (404) 329-2829 or FTS 236-2829.

TEENAGE HEALTH TEACHING MODULES

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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Of the 16 modules, the following eight modules received some field testing - CHOOSING A HEALTHY WORKPLACE, PLANNING A HEALTHY FUTURE, HEALTH IS BASIC: AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS, PREVENTING INJURIES, LOCATING HEALTH RESOURCES, PROTECTING ONESELF AND OTHERS - SMOKING, DRINKING AND DRUGS, ACTING TO CREATE A HEALTHY ENVIRONMENT, AND PROMOTING HEALTH IN FAMILIES.

The contractor was not required to revise the modules based on this limited field test; but, we feel that it is necessary to share the reactions received with you. Listed below are the comments on PLANNING A HEALTHY FUTURE as reported to us by the contractor in their report entitled, Eight Teenage Health Teaching Modules: A Preliminary Review, July 1983.

Review Sources: Interviews with teachers and other health professionals.

1. Junior high school career education teacher (Massachusetts).

2. Senior high school health/physical education teacher (Massachusetts).

3. Junior and senior high school health education coordinator (Colorado).

Overall Reactions

Reviewers were generally positive in their response to PLANNING A HEALTH FUTURE. They found the module appropriate to high school students and even to 8th graders. They described the module as suitable in a range of classes, including health, home economics and family living courses. Both Activities Three ("An Ournce of Prevention") and Four ("Thinking About the Future") were singled out as being especially interesting and provocative for adolescents. Reviewers commented that the length of the module was adequate, that the directions were clear and that there was generally a sufficient amount of teacher background.

Issues/Ideas and Suggested Revisions

While reviewers especially liked Activity Four, two of the three suggested graduating the ages (i.e., 22...32...42) for which students are asked to predict their behaviors in order to highlight health attitudes and potential behavior patterns. Two reviewers also pointed to the need for additional description and explanation with the "Basic Trait Self Description Test" (p.32, Activity Four). One suggested the use of visuals such as body type silhouettes for added clarification. The samll type in both this student handout and the preceeding article, "Finding Your Sport" were cited as a problem.

Despite these suggestions, all three reviewers stated that PLANNING A HEALTHY FUTURE could be marketed now. As one reviewer commented, "I think this module flies pretty well."

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Introduction

Planning a Healthy Future represents the last in the series of health tasks for adolescents identified by the THTM program. If used with other modules in the program, it should conclude the sequence. However, if this module is used independently, it still serves the same purpose: to summarize what we know about the components of healthful living that a young person must take into consideration in looking ahead to a healthy life span.

We know that most teenage deaths and incapacitations are the result of accidents and injuries, and that disease plays a very small role in fatalities among the young. But these statistics change dramatically by midlife and in the later years, when chronic conditions surface as the dominant determinants of the health of adults. Yet the seeds of many chronic conditions that become life-hampering and life-threatening in the later years have their origins in the lifestyle choices made much earlier. For example, a person who does not become involved in some sort of physical activity when young is less likely to initiate such activity in adult years, regardless of the fact that lack of exercise contributes to heart disease in midlife. Eating habits established in younger years, such as a preference for fried or excessively salty or sweet foods, become life-long patterns that can play a part in heart disease or stroke in the middle years. Adolescents can be better prepared to make lifestyle choices on eating certain foods and avoiding others, exercising, and making moderate use or avoiding potentially harmful substances if they realize the implications of those choices.

In earlier modules students considered several elements that affect both short- and long-term health, including: the benefits of knowing one's own body and monitoring its growth and development over time; the advantages of eating prudently; the emotional and stress-reducing value of learning how to communicate better in families; the importance of choosing a lifetime sport or exercise pattern; the health enhancement achieved by caring for others in one's family; the influences, both positive and negative, that come from friends; the measures to be taken in the prevention of injuries; the need to be conscious

of health factors in the workplace, and the importance of clean water and air in health maintenance. The use of earlier modules--if any were used--allowed the student to consider these health tasks in detail and to do some responsible decision making around them.

This module attempts to do two things specifically in the interest of helping young people to consider the health task of planning a healthy future. First, the module takes the position that students need to understand the value of and techniques for setting a specific health-related goal. Second, the module gives students the opportunity to think about long-term health objectives, pointing out that practices started in adolescence generally carry through life and that, obversely, practices not begun in early years are more difficult to initiate and continue successfully in later years. In bringing aspects of adult living to the attention of adolescents, we can make them aware that many things are part of the health status in midlife years: eating and exercise patterns and their effect on physical condition, support systems of family and friends, beliefs about life and its meaning, work and its import on physical and mental health, and sense of self-esteem and mental outlook.

The health task of planning ahead for a healthy future is not a simple one for adolescents. Planning is a difficult skill for young people, who, in Piagetian terms, are not yet able to deal easily or consistently with abstract concepts. To make this process as accessible as possible, the module presents the concepts of planning, time spans, and a future life-stage in a concrete way, with examples of and practice in formulating plans.

It is necessary that we find effective ways to help young people think about and establish guidelines for their lives, for consciousness of the impact of today's decisions on tomorrow's ability to enjoy life must be seen as a positive force. We hope to motivate positive ways of thinking and constructive activities in adolescents, who need the empowerment of knowing they have a great deal of control over many aspects of their future lives.

Goals of the Module

- To promote the idea that sound health practices that are observed over time are often the result of conscious planning procedures.
- To increase students' understanding of the elements in effective planning procedure.
- To help students think about short-term and long-term health goals.
- To help students understand that health decisions are made in the context of other life choices.
- To enable students to start to think of their futures in positive ways that involve identification of health practices they would like to adopt over time.
- To help students understand that health-related choices they make now have implications for the future.
- To bring together the major health task themes for adolescents that are promoted in this health program.

Module Overview

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHODS	# OF CLASS PERIODS
<u>One</u>			
Let's Make a Plan	To lay the groundwork for planning sound health practices for their lives, students identify elements of planning procedure, evaluate weak plans, and then formulate a personal plan to achieve a specific health goal.	Large-group discussion, completing a formal plan sheet	1
<u>Two</u>			
Looking Toward the Future	To be able to imagine themselves at later stages in their lives, students either construct a mural depicting adolescence, the middle years, and the later years, or they listen to and question guest speakers who share what it is like to be at those two life stages.	<u>Option A</u>: mini-lecture, making a mural <u>Option B</u>: mini-lecture, listening to and questioning invited older speakers	2

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHODS	# OF CLASS PERIODS
Three			
An Ounce of Prevention...	To help students understand what it is like to solve health-related problems in the middle or the later years, they work with case studies of people in those age groups and either present their findings to the class or role play the situation and their solutions for the rest of the class.	Introductory mini-lecture, small-group work, case study analysis, discussion, role play (optional)	1
Four			
Thinking About the Future	Students speculate about their futures around the issues of families, jobs, lifestyle, friends, recreation, difficulties, their families' and friends' accomplishments, and unresolved issues, as a way of preparing for future health choices.	Discussion of selected issues, reflection, tentative future planning	1
Five			
Planning a Healthy Future	Students think about the future and plan ways for incorporating good health practices in their own lives as they grow older.	Small-group discussions, completing health guidelines sheets	1

Activity One

Let's Make a Plan

Objectives

Cognitive: Students will be able to:

- Recognize the elements of a good plan.
- Articulate a good plan to achieve a short-term health goal.

Affective: Students will:

- Feel that planning will enhance their potential for healthy behavior.

Skills: Students will:

- Be able to devise a health plan based on a sound planning process.
- Be able to evaluate a health plan using established criteria.

Activity at a Glance

Students discuss the people and situations that call for a plan to facilitate the accomplishment of goals. They identify the elements in a good plan and discuss ways in which a plan can be implemented. Students then criticize and improve two weak plans that are presented to them before preparing an effective plan of their own in which they identify and devise a way for achieving the particular short-term health goal they have selected.

Preparation

1. Be prepared either to display or distribute "My Health Plan: Debbie Curle" and "My Health Plan: Joey Scurtzman." This might be done be making a transparency of the two pages and projecting with an overhead projector, projecting the pages directly with an opaque projector, or duplicating the pages, one for each two students, who will share them.

2. Duplicate "A Plan to Accomplish a Health-Related Goal," one for each student, or put the categories on the board and have students make their own plan sheets.

Procedure

1. Ask the class to consider together the following questions. You can record some of their answers on the board.

- Who makes a plan, and to accomplish which goals?

  Possible answers might include the following:

  A coach, to win a game.
  The government, to achieve a task.
  Families, to insure a good vacation.
  Builders, to achieve the construction of a building by a certain time and within a certain budget.
  A student, to get a project done on time or to win a particular award.

- What are some of the elements of a good plan?

  Continue probing the question until these elements are suggested:

  Clear identification of the goal to be achieved.
  Action steps to achieve the goal, which, when identified, are arranged in a logical sequence.
  Identification of the roles to be played in the action steps: who will be responsible for each step in the action plan? (Implementation)
  A time frame in which the goal and the individual action steps can realistically be achieved.
  Some way to measure how successfully the goal has been reached (evaluation).

- What are some ways that a good plan can be <u>implemented</u>, or caused to be used effectively?

  Write it down clearly.
  Make sure that everyone who has a role to play knows what the plan is and understands it.
  Let other people know about it, so that they can provide a support system for the planners, encouraging them along the way.
  Get feedback from people who can see what is going on and offer opinions.
  Stop to think about the plan, or write something about it, so the planner reviews just what is happening along the way (self-assessment).

2. Display or distribute copies of the two sample plans entitled "My Health Plan," one by Deborah Curle and one by Joey Scurtzman. Consider each plan separately and criticize each one on the basis of the elements you identified earlier in the lesson. Ask students to point out the weaknesses in Deborah's and Joey's plans in regard to the elements of a good plan:

- A clearly articulated goal,
- Action steps set down in a logical sequence,
- Implementation issues,
- A clear, realistic time frame for accomplishing the goal,
- An evaluation technique that would really work.

After discussing and criticizing the plans, have students reformulate them into plans that have a good chance of success. They can do this orally, as long as it is clear that they are correctly applying the elements of a good plan.

3. For homework, ask students to complete well-constructed plans to help themselves with a task related to physical, emotional, or social health that they would like to complete in the near future. You can either copy "A Plan to Accomplish a Health-Related Goal" on the board or distribute duplicated copies.

MY HEALTH PLAN

NAME: Joey Scurtzman

GOAL: Everybody says I'm too fat.

ACTION STEPS: I don't think I eat too much. A lot of my friends eat a lot more than I do.

I will keep a food diary every day for a week, so I'll be more conscious of what I do eat.

My mom says she will take me shopping for some new clothes if I lose 15 pounds.

I am not sure how much I am supposed to weigh. Where could I find out?

Thinking about this makes me very nervous.

TIME FRAME: It has been really hard for me to lose weight in the past, the times I have tried it. It doesn't work the same way for everybody--how much you will lose in a certain period of time.

EVALUATION: I hate to let everybody know I'm on a diet. My sisters would laugh at me if they thought I was trying to lose weight again. I guess I will know if I have done it.

10

MY HEALTH PLAN

NAME: Deborah Curle

GOAL: I'm not so good at sports. I really have never made a team, and I'm always one of the last chosen in gym class.

ACTION STEPS: Everybody says you should exercise, but I don't really know where to begin.

Maybe there is something I could do that isn't organized sports--that I could do by myself. I wonder what I would really enjoy?

Mac runs cross country and says it is great. I don't know if I would like it.

The new wrestling coach seems like a nice guy. I talk to him sometimes in study hall when he is on duty there.

I don't think I'll ever really be good at anything athletic. I hear that in jogging it doesn't matter how fast you go. You measure your accomplishment by how long you are out, or how many miles you do. It doesn't matter how fast you do it. I also hear that walking--just walking--is very good exercise, if you do it often enough.

TIME FRAME: I really should make up my mind soon to develop some sort of exercise program.

EVALUATION: Maybe my parents would be happier if I did something active. They are always encouraging me to do something physical.

A PLAN TO ACCOMPLISH A HEALTH-RELATED GOAL

NAME:

GOAL:

ACTION STEPS:

IMPLEMENTATION
SUPPORT:

TIME FRAME:

EVALUATION:

Activity Two

Looking Toward the Future

Objectives

Cognitive: Students will:

- Learn that each stage of life has its own particular pleasures and problems.

Affective: Students will:

- Begin to sense what some of the issues and concerns of middle-aged and older people might be.

Skills: Students will:

- Portray visually some of the qualities of midlife and the older years, including concerns around issues of housing, health, work, and environment.

  OR

- Question people at different life stages for information about themselves and their circumstances.

Activity at a Glance

Teachers can choose between two options for helping students look toward the future. In one option, students make a large mural about what middle-aged and older people look like, feel like, and do, to prepare themselves affectively for beginning to understand what they might be like at that age. In the second option, one midlife and one older person are invited to class, for one class period each, to talk about their lives in terms of activities, health, and attitudes.

Preparation

Option A: Making a Mural

1. Gather together a good assortment of magazines that contain many photographs of people. Ask students to bring more magazines in for the second day's work.

2. Have on hand:

Six to nine pairs of scissors.
A large (15 feet) piece of butcher paper or sheets of newsprint taped together.
Paste or glue.
Three magic markers.
Push pins or masking tape.

Option B: Interviewing a Middle-aged and an Older Person

Invite two guests to visit the class, one who is in the middle years (between 35 and 64), and one who is older (65 or older). Ideally, one would be a male and the other a female. Each guest speaker would be selected with these qualities, if possible:

A positive outlook on life--someone who enjoys living,
An outgoing personality--enjoyment in sharing life experiences with others,
A good sense of humor,
Openness--someone who doesn't mind answering questions.

The two guests need not try to represent all people in their age group. They should just be themselves, and talk about the different things they do and what it is like to be at that life stage: what they think about, enjoy, worry about. It would be best to have each speaker for a whole class period so that there is time for both an informal talk and response to students' questions. You might select guests from the school staff (the principal, superintendent, custodian, or another teacher), parents, grandparents, other community members, your own parents (students usually enjoy knowing something about their teacher's family), the local library group, the senior citizens club, a local policeman or fireman--anyone willing to share.

Procedure

1. Introduce the content and procedure of the activity with a mini-lecture.

> The task that we are going to be involved with in this module is thinking about health in the future. Each one of you has now established a short-term health goal for yourself, but today we are going to start to think about health farther into the future. It is hard enough to imagine yourself getting to be 18 and graduating from high school. But what about being 28, when you in all probability will have completed your education or training and will be settled into a job that you have developed some competence in..., or 38, when most of you will have become involved in family life and will have determined your personal living patterns..., or at 48, when your children, if you have any, will be growing up or you probably will have worked for long enough to acquire a lot of experience and skill..., or at 58, when your children, if you have any, will be grown up and gone from your home, and you may be thinking about retirement?
>
> It is hard for any of us to imagine what is going to happen in our futures. But if we don't think about it, if we don't have any ideas or plans, then things just "happen" to us, in a willy-nilly way, and we can feel more "pushed around" by life, or not in control of our lives, in ways that make us uncomfortable. Plans, of course, do not always work out, or work out in just the way we expected. But thinking about the future and planning for it can help us steer our lives in the ways we want them to go, give us a sense of our own power and control, and help us to make some of the things happen that we would like to have happen.
>
> In thinking about our future health, one of the major issues in our lives along with our love and commitment to other important people, our work, and our beliefs and values, we should consider the kind of person we want to be. You all know pretty much what you are like today, health-wise, and you may be comfortable about your own health. Or you may have identified some health-related things that are not so good and may be making decisions about changing them, now or in the near future.

It is harder to imagine the more distant future, when you are in middle age, or "midlife," and much harder to think about what you might be like as an older person. It might even make you a bit uncomfortable to think about those years in the future. But most people who are middle-aged and older are not uncomfortable or unhappy about being at those life stages. They enjoy their lives, feel fulfilled, feel successful about the things they know how to do and the things they have accomplished. You may recognize that many older people you know are largely content with themselves, but it is still difficult to imagine your own future: what you will look like, what you might be like, the things you might be doing, what the environment in which you will live and work and play might be like. So, before we talk about more specific long-term health goals, we are going to become involved in an activity that will help us imagine what it is like to be a middle-aged or older person.

2A. Option A: Making a Mural

Together you are going to be producing a backdrop of what your lives might be like in the future--much like the backdrop on a stage when the curtain goes up. You can tell a lot about what has gone on or will go on from what you see in the background, by the "furniture" on the set, the costumes the people are wearing, the lighting that is used. A whole mood or tone is conveyed through visual images. The backdrop you are going to make will help you to visualize what you might be like in the future.

Ask students if they have any questions or anything to add to your introduction. In some classes students may be interested in talking about how they feel about thinking about the future.

Then outline for them the procedure for making the mural, which they will do for the remainder of the class period and in the next class session. (This is a good time to ask them to bring in extra magazines for the next class.) They should first divide the mural paper into three sections and label the sections "Adolescence," "The Middle Years," and "The Later Years." Then, working in three groups, they will go through the magazines and select pictures for the mural that tell something about life at each of those stages, including the following categories:

- How and where people live--in towns, in cities, and in rural environments.

- Good health, and health concerns and problems.

- The kinds of activities that people in the particular age group are involved in:

At work	For pleasure
At school	In behalf of others
At home	Alone
In leisure time	With other people
For spiritual sustenance	With people of different ages
For recreation	In community groups

- The various moods or feelings that people at each life stage might display.

- The happy things that happen to people during those life stages.

- The sad or tragic things that might happen during those life stages.

- Others? (Ask for suggestions from the class.)

You might jot the categories, in note form, on the board for reference.

The three groups can subdivide into smaller groups, each looking for photographs and illustrations in particular categories. If there is something they cannot find, they can draw it. They should refrain from pasting pictures on the mural until everyone in the group is finished. Then the groups should get together and plan how to display the illustrations most effectively to convey to an onlooker what the particular life stage is all about. They can cut out type or words to identify categories, but the mural should convey its message visually.

2B. Option B: Interviewing a Middle-Aged and an Older Person

You can prepare your guest speakers, each of whom should be able to spend one class period with students, to do some talking and a great deal of question answering. Remind them that the objective of the activity is to help students think about their own futures: what it really might be like to be 38 or 68 years old. The speakers should not talk about when they were young, or the way it used to be. Rather, they should concentrate on what it is to be their age now. They might discuss:

- What they enjoy doing.

- What kind of family grouping they live in, or have attachment to.
- Some of the problem areas in their lives.
- The competencies they feel they have; what they do well.
- How they have maintained their health through the years. (Or health problems they have resolved or that still bother them.)
- How they made the friends they have now. Do they have any friends that they made a long time ago, when they were adolescents?
- How their friends influence the things they do, or how they do them.
- Any health-related things they wish they had done differently, knowing what they know now (either in experience or new information).

You might suggest the categories mentioned above, or any others that are appropriate to the particular speakers, to both the guests and the students. You could ask each student to be prepared to ask at least one question that focuses on the life of the guest speaker, so that there will be a lively dialogue between speaker and students.

3. At the end of the second day, after either the mural-making activity or the guest speakers, guide a discussion around the following questions:

- What are some of the positive things that people at each life stage do for fun?
  To keep healthy?
  To keep fit?
  To satisfy their interest in other people?
  For themselves?
  For others?
- What are the particular problems faced by people in each life stage?
- What have you learned about people at the different life stages that you didn't know before?

Activity Three

An Ounce of Prevention...

Objectives

Cognitive: Students will:

- Understand that what may start out as a small negative health habit can become seriously detrimental over time.
- Learn that it is harder to break a negative health habit than to prevent oneself from getting into it in the first place.

Affective: Students will:

- Empathize with midlife and elderly people with health-related problems.
- Sense that it is psychologically difficult to change certain entrenched behaviors.
- Feel that self-esteem is enhanced by positive actions.

Skills: Students will:

- Practice "putting themselves in another's shoes."
- Gain experience in solving health problems by formulating advice for individuals in case studies.

Activity at a Glance

Students meet in small groups to work with six case studies of adults who are in different health predicaments that had origins earlier in their lives. They practice problem-solving skills around these health problems, and present their findings to the rest of the class through presentations or role plays.

Preparation

Duplicate the six "I've Really Got a Problem" sheets, one for each small group.

Procedure

1. Introduce the activity with a short mini-lecture.

   Sometimes we start things or get into habits without thinking at all about their consequences. Some of the habits that we start early in life do not serve us very well if we keep them up. Though they might not have been seen as a very big deal in the beginning, they can prevent us from having a sense of well-being at some future time.

   We are going to consider six case studies in which someone has a health problem--where the quality of the person's physical, emotional, or social health could be improved if he or she could break a long-standing habit. Remember, it is much harder to break established habits than not to acquire them in the first place. As you fill in the blanks of these case studies in your small groups, you will want to identify the issue that should, perhaps, have been addressed in the first place.

2. Divide the class into six groups. Give a different "I've Really Got a Problem" case study to each group. One student in each group should read the case to the group and another should take notes on possible information for the blank areas. Then the students should work together to complete the case statement. Allow them about 15 minutes to complete the statements. They may be amused at first, but after a few minutes you can alert them to how much longer they have to complete their tasks.

3. Ask each group to choose a spokesperson, who will read the completed statement to the reconvened class. As an alternative, the groups could devise a role play for their situations.

CASE STUDY 1

I'VE REALLY GOT A PROBLEM

My name is _____, and I'm 38 years old, and I've got a real problem. I just have to admit it. I know all the kids in town that I grew up with call me _____ behind my back. When we were in high school, they used to think I was cool, because I could put away 3 six-packs faster than anybody, under any circumstances. I remember the time when we _____

_____.

A lot of the kids got jobs after high school, and some went to college, but I just couldn't figure out what I wanted to do. I started to hang around downtown. I never found a job I really liked well enough to stay with for any length of time, and when I felt _____ I would just guzzle a lot of beer. Now I _____

_____

_____.

My 25th class reunion will be coming up in a couple of years, and I would like to turn things around. What can I do? Can you help me?

_____

_____

_____.

I guess I wouldn't be so down on myself if I could bring myself to deal with this problem.

CASE STUDY 2

I'VE REALLY GOT A PROBLEM

I'm Lucille _____, and I'm 32 years old, and I'm really worried. I try not to let on, but actually I feel _____ _____. I'm pregnant now, and I smoke a pack and a half a day. And I've done that for 20 years. Do you believe that? Twenty years. I remember when I was in junior high and _____ _____.

And that's how I got started. And I just kept on smoking. Oh, I tried to quit lots of times, and I just couldn't do it. I thought for sure that when my husband Jim quit, I would, too. But I kept smoking at work, and pretty soon I just did it out in the open again. Now we are expecting our first baby, and the doctor said smoking is definitely bad for the baby. He said that something doesn't always go wrong, but it goes wrong often enough to make it a real risk. And I know my parents and Jim's parents wish I would quit. They have waited a long time for this grandchild, and every time we're together with either family someone _____ _____.

I pretend not to notice, but I feel _____.

What can I do? I just can't stand feeling this way. And if anything happened to the baby because of it I would _____.

Can you help me? I think I've tried everything and thought of everything, but maybe there's something I haven't thought of. _____ _____ _____

I guess I wouldn't be so down on myself if I could bring myself to deal with this issue.

CASE STUDY 3

I'VE REALLY GOT A PROBLEM

My name is _____, and I'm ashamed about how fat I am. I didn't intend to get this way, but every year after I got out of high school I gained about three pounds, and so I'm 38 years old and I weigh _____ pounds.

I went to my class reunion last year, and let me tell you what happened to me: _____

_____

_____.

I've tried lots of diets, but they don't work for me. My kids say that I'm full of excuses, but it seems that I can't lose weight because

_____

_____.

Whatever the reason, I know I sure feel like _____

_____.

It certainly would make me happy if I just once more could _____

_____.

Could you suggest anything that might help me? _____

_____

_____

_____.

I guess I wouldn't be so down on myself if I could bring myself to deal with this issue.

CASE STUDY 4

I'VE REALLY GOT A PROBLEM

My name is _____, and I'm 68 years old. You would think that would be old enough for me to be able to make up my own mind, wouldn't you? But they just won't let me do it. Just because I'm alone now they think they have the right to interfere. When I got out of the hospital, they said that this time I have to eat right. But nothing tastes good to me. _____ used to help me with meals when he/she was alive, but even then I wasn't a good eater. He/she was always complaining that I didn't eat a balanced diet, but I just said that I'd eaten that way since I was young. I never liked things like _____

_____.

I always felt I had the right _____.

I feel _____ when people try to get me to eat things I don't want, even if they are good for me. But I do feel weak all the time now, and I know I have to do something. Do you have any suggestions? _____

_____

_____.

I guess I wouldn't be so down on myself if I could bring myself to deal with this issue.

CASE STUDY 5

I'VE REALLY GOT A PROBLEM

My name is _____, and I'm 68 years old. I lived with my husband/wife for 41 years until he/she died last year. We had just moved into housing for the elderly, and we both enjoyed it so much.

We really only lived for each other and our children. We were very self-sufficient--I have been since I was young--and we never had a lot of friends. But I'm so lonely now, I just can't stand it. My children always come to see me at holidays, but it's such a long trip for both of them. I know they can't make it too often. It's wonderful when they are here, but the in-between times are just awful. The social worker who comes in to see me tries to get me to go down to the commons room here to play cards and participate in the sing-alongs, but _____

_____.

I tried it once and I felt _____

_____.

It certainly would make me happy if I could _____.

Whatever shall I do? _____

_____

_____.

I guess I wouldn't be so down on myself if I could bring myself to deal with this issue.

CASE STUDY 6

I'VE REALLY GOT A PROBLEM

My name is _____, but I know they call me _____ _____ because I'm in such bad shape. When I was in high school I always wanted to be on a team, but I just wasn't good enough. I vowed to myself that when I got out of school and everybody wasn't watching me every minute that I would _____ _____. But I never got around to it. Life was always too busy. At home and at work they were always expecting me to_____ or to _____, and I never found the time to get more exercise. Now the people at the office are planning a weekend retreat in the mountains, and they are going to be backpacking into a really beautiful place. I know I would never be able to make it. I feel so _____ _____. Everybody looks great and seems to be so energetic and fit, and I'm just a _____. Do you have any suggestions for what I can do to build myself up so I won't get left out of things anymore? _____ _____ _____.

I guess I wouldn't be so down on myself if I could bring myself to deal with this issue.

Activity Four

Thinking About the Future

Objectives

Cognitive: Students will:

- Understand that people make choices about a great many aspects of their lives.
- Realize that they can start to think about the future in concrete ways.
- Understand that it takes time and careful thought to outline a life plan.

Affective: Students will:

- Take an interest in beginning to speculate about their futures.
- Feel that future planning can be anxiety producing, but that they can handle the anxiety.

Skills: Students will:

- Practice taking an abstract thought like their "futures" and making it more concrete and understandable by hypothesizing about a series of specific images.
- Practice setting down their thoughts in a systematic way.

Activity at a Glance

Students think about and speculate in writing about a series of issues concerning their futures. An article on choosing a lifetime sport is assigned for homework.

Preparation

1. Duplicate "Thinking About My Future," one for each student.

2. Duplicate "Choosing a Lifetime Sport," one copy for each student to read for homework.

Procedure

1. Tell the students that today they are going to think a bit about their futures. They will not make any definite predictions or specific plans, but will think in general terms about what the future might be like. They have already done some thinking about planning, have thought about what it is like to be an adult, and have seen that, without good planning, some undesirable habits can be real problems in adulthood.

Explain as you pass out the "Thinking About My Future" sheets that they contain some questions about what a person might like to be like in the future. Give students an opportunity to think quietly about some of these issues for a few minutes.

After five minutes or so, ask if any categories need to be clarified or if they have any questions.

ALERT: Do not pressure any student to participate in the discussion or to fill out his or her sheet. Some of these issues may be too difficult for some students to handle. If so, allow them to sit quietly and refrain from participation if they so choose.

2. Give students time to fill in their sheets, if they choose to. Make it very clear that the sheets will not be collected and graded. When most students seem to be finished, you might ask them if there is anything on any of their sheets that they would like to clarify or share with the class. If discussion ensues, guide it toward the less personal questions (recreation, fun, etc.), especially if students show any reluctance to participate. You may want to fill in some parts yourself and share your answers with the class. Sharing your own thoughts helps them to trust and share with you.

3. Distribute the article "Choosing a Lifetime Sport" to each student and ask them to read it for homework.

THINKING ABOUT MY FUTURE

I'm not ready to make any commitments about it yet, but right <u>now</u> this is what I think I'd like my life to be like when I'm about 38 years old.

ISSUES	ME, _____, at 38
My family will be made up of the following people: (Will I be married? Have children? Be connected to whom?)	
This may be my major job or the way I will spend my days:	
I would like to have friends who:	
I would like to be doing this for recreation:	
I would like to live in this location with this kind of housing:	
I would probably be doing this for "fun":	
These are some ideas about the way I would like to live (my life-style):	
These things will probably make me happy:	

ISSUES ME, _____, 38

These are some difficult things I might have to deal with:

I admire and would like to be like this adult:

I would like those people who know me then to think these things about me:

I would like to have traveled to or lived for a time in these places:

I would like to have accomplished these things for myself:

I would like to have done these things for others:

These are some issues I want to do a whole lot more thinking about:

Finding Your Sport

What and How You Play Defines You Better Than Any Other Test
By Dr. George A. Sheehan

Progress, you might say, is the cause of many of our moral and ethical problems. When life was short and brutal, there was little time for questions, and the need for survival left the inner person more or less at peace. Now with science providing many solutions for our physical needs, our social and psychological ones occupy more of our time; technology has increased the quantity of our days only to raise questions about their quality.

Fortunately, all our advancements seem to have brought us full circle back to the old Greek philosophy of the "good life," with its emphasis on leisure, play and the human body. We have been made free to face the difficulty of living that freedom—of doing our own thing.

Happily, we have the Greeks for examples, and we must take to heart their injunction: "Know Thyself." These words, inscribed at the Delphic Oracle, we must now apply to our twentieth-century lives, to our choice of sports as well as work. Know yourself so you may live that life unique to you, the one that you and only you were born to live, so that you may perfect your body happily in order to be not only the patient but also the therapist. And when you discover who you are, accept it.

For the Greeks, the time for self-discovery was during leisure. This was when they pursued such activities as health, self-expression and self-adjustment. Included, of course, were play and the training of the body. In Plato's opinion, the body was the source of all energy and initiative. We are, he wrote, playthings of the gods, and life must be lived as play.

We must know our bodies—our physical strengths, weaknesses, likes and dislikes. Socrates stated that a sensible man should know what is good or bad for him better than a physician. And later, Tiberius said that anyone who had lived for twenty years should be able to take care of himself without a doctor.

We must become experts on ourselves, and we should not learn solely from books or others but from our own experiences; we must understand ourselves by self-study relying less on professionals and more on ourselves. The body is there to be seen. Visible and measurable, it delivers its own message. Stripped before a mirror it reveals who we are and even tells something of our souls.

Similarly, by analyzing our body types, we can know our temperaments, the levels of personality where we express desires and motivations and even how we will interact with other people. We are a particular mixture of traits that can change only in a very narrow range. Like us or not, we are who we are.

Aldous Huxley wrote of this individuality of body and personality in The Perennial Philosophy: "It is impossible for one kind of a physical constitution to transform itself into another kind; and the particular temperament associated with a physical constitution can be modified only within narrow limits."

In some ways we can be our own specialists, psychologists, teachers and therapists by analyzing our body types in a mirror.

Are you a linear loner? A pear-shaped socializer? A muscular warrior?

Try the basic-trait self-description test on page 32. Circle the word in each horizontal line that most applies to you. Are they predominantly in the viscerotonia line, seeking to go toward other people? Or the somatotonia column that suggests you want to go out against people? Are you in the cerebrotonia listing, typical of people who want to withdraw from others completely? This is an easy method of finding your body type, as dictated by your personality traits.

"Man," wrote Schiller, "is never more human than when he plays." If you would know yourself and then accept that knowledge, you must first find what play is for you. Then learn how to play well. How you go about it defines you better than any other test.

When we were young, we had sports for all seasons, and whether we were good or not, they filled our hours with absorption and delight. We knew back then what Chesterton meant when he said, "If a thing is worth doing, it is worth doing badly."

The season that began with touch football, progressed to roller-skate hockey and finally to stickball, had no defectors. Short or tall, fat or skinny, muscular or not—good, bad or indifferent—everyone enjoyed it.

What came to me later in life was that each of us plays the game but plays it in his or her own way. We fall into three distinct groups.

The "stoopsitters" are the talkers who play but enjoy the accompanying talk and laughter more; they are predominantly viscerotonic-endomorphs.

Then there are the true athletes, the muscular somatotonic-mesomorphic types who often horse around hitting each other. Finally, there are the small,

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thin cerebrotonic-ectomorphic kids, like I was, impatient for the game to start and the fantasy world to begin.

For each, the game is something quite different. The stoopsitters see it as only a scaffolding for the day. The score--who won, who lost--is of little interest. For them, the gang is the game. The strong boys see it as themselves. Winning and performance are their main interests. And then there are those of us for whom the game itself is the thing, not whether we win or lose but that the event and our attendance is recorded in chalk on the street. We want our fantasy recorded for all time, and for us the game is serious business.

Deeper thinkers than I have observed these same three groups of individuals. Huxley pointed out the influence of temperament on how we practice our religion. We usually seek deliverance, he noted, in one of three ways: the way of devotion, which is talk and ritual; the way of action, which is conversion; the way of thought, which is meditation. These same differences in temperament condition and determine everything we do. They constitute our style and distinguish us from everyone else.

Unfortunately, many of us live in ignorance of this. I came upon my forty-fifth year no different from millions of others. I had forgotten the child in me and was trying to be someone I wasn't. I sought answers from authorities and experts.

Fortunately, however, the knowledge of our true selves is not far from our consciousness. We simply won't accept it. What I had to do was to go back to doing things that came naturally, and in that, to experience who I was, what I was made of and my way of being in this world. I had to figure out whether I was dominant, detached or dependent; whether I was made for fight, flight or negotiation. Then I had to take it from there.

Today I am a marathon runner, and when I first began running, all this came back. I ran like the ectomorph and cerebrotonic I am, enjoying solitude, delighting in reflection, finding peace in privacy and feeling satisfaction in the detachment that marks almost everything I do. I sought, to be sure, a measure of competition and sociability, for these are secondary traits in my makeup.

Previously, I had played a good bit of both tennis and squash. Although these sports had kept me in good physical shape, they had not offered the necessary cerebral rewards: time and contact with myself. To play them, I needed not only another person but also a place. I couldn't just pick up and go alone.

Running offered what I craved, but it certainly isn't for everyone. Primarily somatotonic personalities need physical interaction and competition with others. These assertive, explosive, risk-taking extroverts must hit something or somebody when they play; they need an opponent. Racket sports and the martial arts frequently appeal to them, and on the team level, these people often excel in football, soccer or rugby. I know of one rugby player who said he would play tennis only if every third or fourth game, he could jump over the net and beat the bejebers out of the other guy. And the headmaster of a prep school once, only half-jokingly, told me that the school offered lacrosse in spring for "the kids who liked to hit each other."

Similarly, more placid, affable and complacent people enjoy sports that offer a certain sociability, preferring to train with others at a comfortable relaxed pace. Fellowship, rather than competition, is their key, and cycling, swimming, skiing, golf and tennis are all congenial activities.

Still, the fact that we are aggressive, tolerant, sociable or withdrawn has more to do with how we play rather than the game itself. Our predominant traits and how we look in the mirror can help tell us where to look--indeed, tell us in large part how we will play. And our secondary traits can give us an idea of the directions we should go once we find our game.

Know yourself, experiment and find your play. But take educated guesses. What do you want from a sport other than conditioning? What do you thrive on in daily life?

I think it was another Greek, possibly Nick, who said, "You can never beat a man at his own game."

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BASIC-TRAIT SELF-DESCRIPTION TEST*

Viscerotonia-endomorphy (Circular type)	Somatotonia-mesomorphy (Triangular type)	Cerebrotonia-ectomorphy (Linear type)
1. Dependent	Dominant	Detached
2. Relaxed	Assertive	Tense
3. Calm	Confident	Anxious
4. Kind	Aggressive	Considerate
5. Love of comfort	Love of risk	Love of privacy
6. Extrovert of affect	Extrovert of action	Introvert
7. Extensive rapport	Enduring rapport	Intensive rapport
8. Cheerful-depressed	Even-explosive	Hypersensitive-apathetic
9. Self-satisfied	Self-assured	Self-centered
10. Soft-tempered	Quick-tempered	Gentle-tempered
11. Complacent	Irascible	Reflective
12. Amiable	Talkative	Reserved
13. Warm	Active	Cool
14. Affected	Reckless	Suspicious
15. Tolerant	Energetic	Inhibited
16. Generous	Enterprising	Restrained
17. Forgiving	Outgoing	Precise
18. Needs people when disturbed	Needs action when disturbed	Needs solitude when disturbed
19. Stress on being	Stress on doing	Stress on perceiving
20. Lets things happen	Makes things happen	Watches things happen

*From the Journal of Consulting and Clinical Psychology, 1965, Vol. 29, No. 5, p. 435. By John A. Cortes and Florence M. Gatti. Copyright 1965 by the American Psychological Association. Reprinted by permission.

Activity Five

Planning a Healthy Future

Objectives

Cognitive: Students will:

- Determine their ideal weight as an adult on the basis of their present height.
- Identify some of the people whom they admire and who might influence their lives.
- Become aware of some categories of health behavior choices that they have now and will continue to have throughout their lives.

Affective: Students will:

- Appreciate that health-related choices they make now have implications for the future.

Skills: Students will be able to:

- Practice establishing some specific health objectives for themselves, now and for their futures.
- Record their thinking in a systematic way.

Activity at a Glance

Students work in small groups to stimulate their thinking, first completing a health plan form to establish their health objectives for themselves at age 38 and 68, and then determining what they must do now to start to achieve those objectives.

Preparation

1. Duplicate "Guidelines for My Healthy Future," one for each student.

2. Duplicate four copies of "Suggested Body Weights" and post them in the classroom as a reference for students.

Procedure

1. Prepare the students for using the activity sheet with an introduction something like the following:

> Now that you have thought in a general way about your future, let's try to develop a health plan that will keep you physically, emotionally, and socially healthy--or, in other words, strong and energetic enough to do the things you would like to do, to feel confident and happy, and to have the family and friends that you would like to have. At the beginning of this module we talked about the wisdom of planning, so now you will develop a plan for yourself that will help you be healthy and happy over time.

2. Pass out the "Guidelines for My Healthy Future" sheets.

3. Put these headings on the board:

- Words that could be used to describe someone's personality or character.

- Words that could be used to describe a philosophy of life, or a way of looking at life.

Then divide the class into five groups, and ask each group to brainstorm <u>all</u> the possible words or terms that might fit in each category. Have a recorder in each group keep a list for each category.

4. Ask the students to return to their seats and work on their planning sheets individually. State that again the sheets will be private; they need not turn them in or share them with anyone else.

5. After students have completed their sheets, suggest that they take them home and put them in a place where they will

have them to look at over time, perhaps with their ME booklets if they have worked with the module Promoting Health in Families, in the back of their last year's yearbook (or something else they will always keep), or with a photograph album or a drawer where they keep important things. As the years go by, they probably will enjoy looking back at it and checking out how their plans correspond with what has happened in their lives.

GUIDELINES FOR MY HEALTHY FUTURE

My goal for my health over my life span: _____

_____.

So we dream on. Thus we invent our lives.... We invent what we love, and what we fear.

--John Irving

Some Specific Objectives	At Age 38	At Age 68	I Can Start Now by:
According to weight charts I should weigh: I would like to weigh:			
I would like to play these sports or participate in these activities:			
I should avoid these things in my diet:			
I would like to be able to eat:			
I would like to have my family describe me with these three words:			
I would like my friends to describe me with these three words:			

Some Specific Objectives	At Age 38	At Age 68	I Can Start Now by:
In regard to tobacco, I would:			
In regard to alcohol use, I would:			
In regard to drugs, I would:			
To prevent injuring myself, I would:			
To support my need for spiritual sustenance, I would:			
To assure a healthy environment, at home or at work, I would:			
I would like to think <u>this</u> about myself:			

Of the people I know or see or read about, I would like to "borrow" some qualities of physical, emotional, or social health and incorporate them in my future life.	Person's Name	Quality Admired
Parent or other family member		
TV or film star		
Community leader		
Sports figure		
Teacher, coach		
Political figure		
Musician		
Friend		
Other		

Suggested Body Weights

Range of Acceptable Weight

Height (feet-inches)	Men (pounds)	Women (pounds)
4'10"		92-119
4'11"		94-122
5'0"		96-125
5'1"		99-128
5'2"	112-141	102-131
5'3"	115-144	105-134
5'4"	118-148	108-138
5'5"	121-152	111-142
5'6"	124-156	114-146
5'7"	128-161	118-150
5'8"	132-166	122-154
5'9"	136-170	126-158
5'10"	140-174	130-163
5'11"	144-179	134-168
6'0"	148-184	138-173
6'1"	152-189	
6'2"	156-194	
6'3"	160-199	
6'4"	164-204	

Note: Height without shoes; weight without clothes.

Source: HEW conference on obesity, 1973.

From Nutrition and Your Health; Dietary Guidelines for Americans (Washington, DC: U.S. Department of Agriculture, U.S. Department of Health and Human Services, Home and Garden Bulletin No. 232), p. 718.

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